

Indian Society of Medical & Paediatric Oncology



A Trust registered at New Delhi

Dr. Kumar Prabhash, Hon. Secretary, ISMPO.

Secretariat Office: Room No. 22, Floor-2, Plot-148, Rangwala Building,
Saint Paul Street, Near Hindmata Talkies, Dadar (E)

Ph: +91-8097597486/ 7977531764 | Email: ismposecretary@gmail.com and kprabhash1@gmail.com

Registration u/s 12A of the Income Tax: DEL-TR23064-27062013 Dated 27/06/2013

Registration u/s 80G of the Income Tax: DEL-TE24865 Dated 27/06/2013

Registration under Goods and Service Tax: GSTIN: 27AACTT2052P1Z3

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Mumbai

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Associate Membership Application Form

First Name _____ Middle Name _____ Last Name _____

Age _____ Sex _____ Date of Birth _____

Address (Res.) _____ Address (Clinic) _____

City: _____ City: _____

State: _____ State: _____

Pin: _____ Pin: _____

Tel: _____ Tel: _____

Mobile: _____ Email: _____

Institution/ Hospital Affiliations (Teaching / Non-Teaching) _____

Title: _____

Qualification and year of acquiring of it _____

Preferred Address for Correspondence: Home / Office / Clinic (please specify one)

Life Membership (India) fee of Rs. 5000/- to be paid by NEFT

Associate Life Membership fee of Rs. 1000/- to be paid by NEFT

NEFT Transaction Details

HDFC Bank

Account Name: Indian Society of Medical and Pediatric
Oncology

Account No: 50200001602442

Address: 386, Veer Savarkar Marg, Opp. Siddhivinayak Temple, Prabhadevi, Mumbai – 400025
RTGS / NEFT IFSC : HDFC0000012

Date of transfer: _____ NEFT Transaction ID: _____

Website: <http://www.ismpo.org/>

For Journal related correspondence: editor@ijmpo.org or editorijmpo@gmail.com or <https://www.ijmpo.org>

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Attachment Required: DM/DNB Oncology Certificate / Others (Please Specify):

Email the membership form, transaction details along with degree certificate on ismposecretary@gmail.com

1. I am aware that only medical oncologists are eligible for full membership.
2. Associate life members consist of qualified medical persons as well as scientists not actually practicing medical & paediatric oncology.
3. Younger Physicians intending to specialize in oncology also may become associate life members.
4. I understand that submission of the membership application form and the membership dues does not automatically make me eligible to be a member. Decision of the executive committee and general body of ISMPO will be final binding.
5. I agree to comply with and uphold ISMPO constitution and byelaws.
6. Continuation of membership will require my ongoing commitment and active contribution to the activities of ISMPO.
7. I hereby confirm that the attached certificate provided along with this application is genuine.

Signature: _____ Date: _____ Place: _____

Proposed by: _____ Seconded by: _____

Date: _____ Date: _____

Website: <http://www.ismpo.org/>

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